Statistical Bulletin
METROPOLITAN LIFE INSURANCE COMPANY
Volume 41 October 1960

Company Award for Research in Accident Prevention

LAST year, on the 50th anniversary of the establishment of its Health and Welfare program, the Metropolitan Life Insurance Company offered an award of $1,000 for research judged to make the most significant contribution toward reducing the toll of accidental injury and death. The responsibility for administering the award was graciously accepted by the National Safety Council, which entrusted the task of selecting the winner to its Committee on Research and Education.

The purpose of the award was to give recognition and encouragement to investigators now working in the field of safety, and to induce scientists engaged in other areas of research—physical, biological, or social—to include in their studies the problem of accident prevention. The magnitude of the social and economic losses resulting from accidents is underscored by the the fact that they take more than 90,000 lives a year in the United States; at least 100 times that number of people annually are injured severely enough to be disabled one or more full days beyond the day of accident. In 1959, the Metropolitan alone paid no less than $50,500,000 in death claims on policyholders killed in accidents; more than half this total was disbursed on account of deaths in motor vehicle accidents.

While the prime objective of the Company's award is to reduce the heavy toll of suffering and death, the economic facts alone would justify any effort to stimulate further study of the causes and prevention of accidents. Moreover, the factors responsible for accidents can be determined more readily than those for other major causes of death — such as the cardiovascular diseases and cancer —but the task requires research.

The first Metropolitan Life Award for Research in Accident Prevention was presented to Dr. B. J. Campbell, now Assistant to the Director of the Automotive Crash Injury Research Project at Cornell University, for his study

"Driver Improvement: The Point System." The research project, conducted at the University of North Carolina, was sponsored by the American Association of Motor Vehicle Administrators and financed by the Esso Safety Foundation. The Award was presented by Frederic W. Ecker, Chairman of the Board, Metropolitan Life Insurance Company, on October 13th, at the annual meeting of the American Life Convention, an association of Life insurance companies.

The point system is a method of selecting drivers whose driving behavior needs to be improved. When a driver is convicted for a traffic violation his record is charged with a certain number of points, depending upon the seriousness of the offense. If he accumulates a specified number of points in a given period, the State takes some action in an attempt to improve his driving. The action may consist of a warning letter, an interview, probation, or license suspension.

Dr. Campbell's study showed that drivers who had committed traffic violations not involving accidents are more likely to have accidents than those without violations. In this part of the study, the records of more than 40,000 randomly selected drivers in North Carolina were analyzed; the following table shows the high degree of relationship between prior violations and accidents.

Number of Nonaccident Violations	Average Accidents Per Driver
0	.167
1	.391
2	.560
3	.699
4	.857
5	1.001

Dr. Campbell found also that the point system was effective in improving driver behavior. Analysis of the records of more than 14,000 drivers licensed in New Jersey showed that drivers who received corrective action in connection with the point system had fewer subsequent violations than a comparable group of drivers who received no action. Furthermore, the records of the minority of drivers who committed violations after action was taken against them showed that those who had received corrective action waited a longer time before committing their next violation than did those who received no action; the violations subsequent to action appeared to be less serious than those committed earlier.

In addition to his scholarly evaluation of the effectiveness of the point system, Dr. Campbell has described the policies and procedures of existing point systems and has made valuable suggestions for further research. Altogether, the study makes an outstanding contribution to motor vehicle safety.

Growth Trends in the Teen Ages

THERE is convincing evidence from a variety of sources that teen-agers currently are taller and heavier than those of earlier generations. However, in interpreting these trends the limitations of the data should be taken into account. The various studies on height and weight are not based on cross-sections of the teen-age population or on matched samples of successive generations. Accordingly, the figures cited in this article indicate the general trends of teen-age growth and give only approximate measurement of the changes.

New height-weight data for insured teen-agers are available from the Build and Blood Pressure Study, 1959, conducted by the Society of Actuaries. These data, which relate to persons accepted for Ordinary Life insurance between 1935 and 1953, may be compared with the facts for teen-agers insured between 1885 and 1900, derived from the Medico-Actuarial Mortality Investigation. Both groups of policyholders were drawn mainly from the urban population, but the insured in the more recent study were more representative of the general population than were those in the previous investigation with respect to economic status and ethnic composition. As Table 1 shows, the average height of boys 15-16 years of age is 1.8 inches greater in the new study than in the earlier one; for boys at ages 17-19, the gain was 1.6 inches. For girls, the corresponding increases in average height were 0.6 and 0.4 inches, respectively.

Reflecting in part the increase in height, the average weight for 15- and 16-year-old boys in the new

TABLE 1—AVERAGE HEIGHTS AND WEIGHTS OF INSURED PERSONS AT AGES 15-19

Build and Blood Pressure Study, 1959, Compared With Medico-Actuarial Mortality Investigation

Measurements in Shoes* and Indoor Clothing; Age Nearest Birthday

Age (Years)	Average Height in Inches				Average Weight in Pounds			
	Males		Females		Males		Females	
	B and BP Study 1959	MAMI	B and BP Study 1959	MAMI	B and BP Study 1959	MAMI	B and BP Study 1959	MAMI
15-16	67.4	65.6	64.2	63.6	133.8	123.0	118.3	117.0
17-19	69.4	67.8	64.7	64.3	150.1	140.6	122.4	125.6

*Heel height averages 1 inch for men and 2 inches for women.

Source of basic data: *Build and Blood Pressure Study, 1959*, Society of Actuaries; *Medico-Actuarial Mortality Investigation*, The Association of Life Insurance Medical Directors of America and the Actuarial Society of America, 1912.

study exceeded by somewhat over 10 pounds that in the earlier investigation; at ages 17-19 the gain was only slightly less. For girls, however, the average weight increased only 1.3 pounds at ages 15-16, and actually decreased 3.2 pounds at 17-19 years. If weights at specific heights are compared, it is found, for example, that medium height boys at ages 15-16 are about 4 pounds heavier and at ages 17-19 about 3 pounds heavier in the new than in the earlier study. For medium height girls the average weights for 15-16-year olds were

TABLE 2—TREND OF AVERAGE HEIGHTS AND WEIGHTS OF TEEN-AGERS

Selected Studies, United States

Measurements Without Shoes or Clothing; Age Nearest Birthday

Age (Years)	Males					Females				
	General Population and School Children			College Students		General Population and School Children			College Students	
	Dept. of Agriculture Survey, 1955*	Michigan 1954	United States 1937-39	87 Colleges 1948-50	10 Colleges 1928-30	Dept. of Agriculture Survey, 1955*	Michigan 1954	United States 1937-39	88 Colleges 1948-50	8 Colleges 1928-30
	Height in Inches									
13....	†	60.7	59.5	†	†	†	61.3	60.1	†	†
14....	†	63.6	61.9	†	†	†	62.9	61.6	†	†
15....	†	66.6	64.6	†	†	†	63.5	62.7	†	†
16....	68.3‡	67.9	66.8	69.0	67.5	63.8‡	63.9	63.3	64.3	63.8
17....	68.8	69.0	68.0	69.6	68.4	63.9	64.1	63.4	64.4	63.7
18....	69.2	69.3	†	69.7	68.7	64.1	64.4	63.8‡	64.5	63.7
19....	69.4	†	†	69.6	68.8	64.2	†		64.5	63.9
	Weight in Pounds									
13....	†	98.9	90.0	†	†	†	102.2	94.0	†	†
14....	†	113.7	101.0	†	†	†	113.6	102.5	†	†
15....	†	128.1	115.2	†	†	†	117.2	110.2	†	†
16....	141.1‡	136.6	128.3	146.8	133.7	116.1‡	120.8	115.4	126.5	120.0
17....	147.0	145.3	136.2	151.7	138.2	119.5	122.0	117.1	125.7	119.8
18....	152.1	150.3	†	153.3	141.1	122.3	123.0	121.8‡	124.9	120.7
19....	156.9	†	†	154.5	142.4	122.7	†		124.8	121.0

*Based upon measurements as reported by respondents to survey questionnaire. Sample of limited size.
†Not included in study, or sample too small to yield reliable average.
‡Age last birthday.

Sources: Department of Agriculture Survey, 1955 and College Students, 1948-50:—M. L. Hathaway and E. D. Foard, *Heights and Weights of Adults in the United States*, U. S. Department of Agriculture, Home Economics Research Report No. 10, August 1960; Michigan, 1954:—W. E. Martin, *Children's Body Measurements for Planning and Equipping Schools*, U. S. Department of Health, Education, and Welfare, Special Publication No. 4, 1955; United States, 1937-39:—R. O'Brien et al., *Body Measurements of American Boys and Girls for Garment and Pattern Construction*, U. S. Department of Agriculture, Miscellaneous Publication No. 366, 1941 (for ages 13-17); and R. O'Brien and W. C. Shelton, *Women's Measurements for Garment and Pattern Construction*, U. S. Department of Agriculture, Miscellaneous Publication No. 454, 1941 (for ages 18-19); College Students 1928-30:—H. S. Diehl, "Heights and Weights of American College Men and Women," *Human Biology*, Vol. 5, 1933, pp. 445-479 and pp. 600-628.

about the same in the two studies, while the average for 17-19-year olds decreased 3 or 4 pounds. Inasmuch as the measurements of the insured were taken in ordinary indoor clothing, the true differences in the averages may be somewhat distorted—particularly for females—by the appreciable reduction in weight of clothing and shoes, and by the changing trends in the height of heels worn by girls.

Table 2 shows the height and weight trends for the entire range of teen ages, based on various studies. The findings from studies among school children and the general population indicate appreciable increases in height at each teen age, the largest gains being recorded for the younger of these children. In general, the increases in average height were about the same for boys and girls in the early teens, but subsequently were more pronounced for the boys. Gains in average weight were large for boys at each of the teen ages but only for the younger girls. The smaller gains in height and weight for girls than for boys in the late teens are due to the earlier physical maturity and shorter final stature of girls, and their vogue for slenderness.

Additional facts on growth trends in the late teens are available from studies on college students (see Table 2). Data obtained by the American College Health Association on about 160,000 students in 104 colleges in the years 1948-50 were analyzed by the Department of Agriculture and compared with similar information on about 40,000 in 13 colleges in 1928-30. Because of the larger number of colleges included in the new study and because of marked changes in the composition of the college student population, the differences reported are only approximate measures of change. The average height at every age from 16 through 19 was greater for the students of 1948-50 than for these 20 years earlier.

The increases among boys ranged from 1.5 inches at age 16 to 0.8 inches at age 19, but were somewhat smaller for the girls. Striking gains were found in the average weight of teen-age college students: 13 pounds for the men and from 4 to 6½ pounds for the women. Here again the gain in weight is partly accounted for by the increase in height. Thus, 18-year-old male students of medium height averaged 8 or 9 pounds heavier in the recent than in the earlier study; for female students of medium height, the gain in average weight was about 2 pounds.

The proportion of tall teen-age college students has increased. One fourth of the 18- and 19-year-old male students in 1948-50 were at least 6 feet tall in stocking feet, and more than one sixth of the female students were 5 feet 7 inches or taller. Among college students of 1928-30, the proportions were one seventh and one

ninth, respectively.

The greater height and weight of the present generation of teenage children reflects primarily better nutrition, advances in medicine and public health, and generally higher standards of living. To some extent also, the growth trends are due to the attainment of physical maturity at a somewhat younger age, on the average, than in earlier generations.

Causes of Death in Later Life*

THE very appreciable decreases in mortality among older people during recent decades have resulted in large part from the remarkable advances made in the control of the infectious diseases, particularly pneumonia and tuberculosis. This is evident from the table on page 7, which shows the trend of mortality since 1929-31 for the leading causes among white men and women in the age range 65-84 years.

Thanks to the antibiotics and other drugs, the death rate from pneumonia and influenza among white men at ages 65-84 decreased about two thirds between 1929-31 and 1958; among white women the corresponding reduction was as much as four fifths. Despite these gains, the respiratory diseases still are a serious health problem for older men and women, as evidenced by the increased mortality associated with these diseases in recent years.

Another dramatic feature of the mortality trend at the older ages has been the continuing decrease in the death rate from tuberculosis. Among white men at ages 65-74 the rate dropped 65 percent between 1929-31 and 1958—from 123.1 to 43.0 per 100,000; at ages 75-84 the relative decrease was nearly as large. Among white women in the age range 65-84 the tuberculosis death rate fell more than 80 percent.

Noteworthy progress has also been made in controlling the mortality from the cardiovascular-renal diseases in later life, particularly among women. The death rate from these causes among white women at ages 65-74 decreased 27 percent in the period under review; even at ages 75-84 years the reduction was 16 percent. Among white men at ages 65-74 the rate in 1958 was not appreciably different from that in 1929-31; it should be noted, however, that the trend was downward until the past few years. At ages 75-84, the death rate from the cardiovascular-renal conditions among men was somewhat lower in 1958 than at the beginning of the period, despite the recent rise in mortality from these diseases. As a result of the more favorable trends for women, the excess in male mortality has increased

*This is the second in a series of three articles on mortality and longevity in later life. The first article, "Trends in Survival at the Older Ages," appeared in the September issue.

MORTALITY FROM LEADING CAUSES AT AGES 65-84

White Population by Sex, United States, 1929-1958

Cause of Death	Ages 65-74						Ages 75-84					
	Average Annual Death Rate per 100,000					Percent Change 1929-31 to 1958	Average Annual Death Rate per 100,000					Percent Change 1929-31 to 1958
	1929-31	1939-41	1949-51	1954	1958		1929-31	1939-41	1949-51	1954	1958	
	White Male											
All causes	5,559.2	5,290.9	4,832.7	4,733.1	5,067.3	− 8.8	12,189.7	11,998.5	10,522.3	10,063.5	10,437.9	−14.4
Cardiovascular-renal diseases	3,164.1	3,150.0	3,057.0	2,970.6	3,180.7	+ .5	7,695.5	7,832.1	7,226.1	6,906.3	7,217.0	− 6.2
Malignant neoplasms	714.5	762.2	795.9	861.9	912.8	+27.8	1,112.9	1,340.1	1,366.0	1,421.9	1,410.5	+26.7
Accidents—total	243.2	219.0	156.9	137.8	123.8	−49.1	451.8	462.6	330.1	291.9	247.7	−45.2
Motor vehicle	90.7	87.8	58.7	51.3	50.6	−44.2	130.7	124.5	84.9	80.1	69.2	−47.1
Pneumonia and influenza	391.9	239.6	107.5	88.3	130.9	−66.6	1,015.8	698.9	322.4	262.1	364.5	−64.1
Tuberculosis	123.1	100.8	83.6	53.6	43.0	−65.1	115.1	89.4	85.1	63.9	52.4	−54.5
	White Female											
All causes	4,651.6	4,069.7	3,226.1	2,973.0	3,007.0	−35.4	10,984.0	10,328.4	8,475.7	7,888.5	7,800.8	−29.0
Cardiovascular-renal diseases	2,610.8	2,374.6	2,032.2	1,869.8	1,898.1	−27.3	6,818.7	6,808.0	6,017.8	5,673.8	5,699.9	−16.4
Malignant neoplasms	700.2	680.3	612.8	609.9	605.9	−13.5	1,046.3	1,093.3	1,026.1	1,017.0	936.5	−10.5
Accidents—total	148.9	136.5	81.5	69.9	65.2	−56.2	517.0	534.5	330.0	263.7	209.5	−59.5
Motor vehicle	38.2	30.7	20.7	20.2	22.0	−42.4	46.3	39.1	26.5	25.7	25.2	−45.6
Pneumonia and influenza	374.4	188.3	66.8	47.8	63.0	−83.2	1,079.0	644.3	254.4	193.7	237.3	−78.0
Tuberculosis	89.7	55.0	26.6	14.1	9.7	−89.2	108.3	69.8	40.5	24.3	18.3	−83.1

Note: Figures have not been adjusted for changes in the rules for coding and classifying causes of death occasioned by revisions of the International Lists of Causes of Death.
Source: Annual rates published by the National Office of Vital Statistics.

markedly. For example, whereas the death rate at ages 65-74 was 21 percent higher for males than for females in 1929-31, the excess was 68 percent in 1958.

The mortality attributed to cancer (malignant neoplasms) showed contrasting trends for the two sexes. Since 1929-31, the death rate among white women decreased about 14 percent at ages 65-74 and about 11 percent at ages 75-84. On the other hand, the rate among white men increased approximately 27 percent in these age groups. The adverse trend for the men reflects largely the marked rise in the recorded mortality from cancer of the respiratory system. At the older ages respiratory cancers are now responsible for 1 in every 5 deaths from malignancies among white men but for less than 1 in every 20 among the women.

Accident fatalities have decreased considerably in relative frequency among older men and women. For motor-vehicle accidents the decreases have been greater for men than for women, but for other accidents females have made the better record. The death rate from all accidents combined dropped nearly 50 percent among white males in the age range 65-84, and almost 60 percent among the women. By 1958, the excess of male over female mortality from accidents was as much as 90 percent at ages 65-74 and 18 percent at ages 75-84.

It is likely that further progress will be made in reducing mortality at the older ages. Because of their dominance in the current mortality picture, the cardiovascular-renal diseases are by far the greatest potential source of future gains. Even in the present state of knowledge, much more can be accomplished in postponing the onset of degenerative diseases, and in prolonging the life of patients with such conditions. Moreover, fuller use of specific means now at hand should make it possible also to reduce further the mortality from such causes as diabetes, accidents, pneumonia, tuberculosis, and other infectious diseases.

Accidental Fires in the Home*

APPROXIMATELY 7,300 lives are lost each year in the continental United States because of fires or burns by other means (mainly hot substances). Of this total, about 5,700, or nearly four fifths, occur in and about the home. As Table 1 shows, the toll from such accidents in the home is nearly 15 times that in industrial places, including mines and quarries. Furthermore, the number of

*This article is based upon a paper, "Injuries Due To Fires And Explosions In The Home," presented by Jules V. Quint of the Statistical Bureau, Metropolitan Life Insurance Company, at the National Safety Congress, Chicago, October 20, 1960.

TABLE 1
DEATHS CAUSED BY FIRE AND BURNS BY OTHER MEANS
BY PLACE OF ACCIDENT
United States, 1956-58

Place of Accident	Average Annual Number of Deaths	Percent of Total
Total*	7,282	100.0
Home	5,721	78.6
Farm	115	1.6
Industrial place	389	5.3
Street and highway	45	.6
Public building	210	2.9
Resident institution	168	2.3
Other specified places	189	2.6
Place unspecified	445	6.1

*Includes: Accidents caused by fire and explosion of combustible materials and accidents caused by hot substances, corrosive liquid, steam, and radiation. The latter category accounts for approximately 750 deaths a year, with about 400 due to home accidents. The figures in this table do not include transport, firearm, or dynamite accidents.

Source: Reports of the National Office of Vital Statistics.

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nonfatal injuries from burns sustained in the home is exceedingly large. Data from the U. S. National Health Survey indicate that in the year ended June 1959 there were 929,000 such injuries serious enough to be medically attended or to cause at least one full day of restricted activity. As a consequence of these injuries, persons 17 years of age and over stayed away from their jobs a total of 432,000 days during the year.

The large majority of deaths from fires in the home result from accidents in which one or two people are killed. However, conflagrations causing five or more deaths are not infrequent. In the 5-year period 1955-59, there were at least 154 such catastrophes in the United States, according to information compiled from various sources by the Statistical Bureau of the Metropolitan Life Insurance Company.

Young children and old people experience the highest death rates from fires and burns by other means, as may be seen in Table 2. The mortality rate among infants is higher than that for any other age group under 65 years; the rate decreases to a minimum in adolescence and then rises progressively with advance in age, slowly at first but very rapidly past age 65. Older

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TABLE 2
DEATH RATES FROM FIRE AND BURNS BY OTHER MEANS*
BY SEX AND AGE
United States, 1956-57

Age Period (Years)	Average Annual Death Rate Per 100,000		
	Total	Males	Females
All Ages	4.2	4.8	3.7
Under 1	7.7	7.9	7.6
1- 4	7.3	6.8	7.7
5- 9	2.8	2.2	3.5
10-14	1.3	1.2	1.4
15-19	1.1	1.3	1.0
20-24	1.7	2.1	1.3
25-34	2.2	3.0	1.4
35-44	3.0	4.0	2.0
45-54	4.0	5.2	2.7
55-64	5.1	6.6	3.7
65-74	9.2	11.0	7.7
75-84	19.4	21.9	17.4
85 and over	35.3	42.6	30.1

*Includes accidents in the home and elsewhere, except transport.

Source: Same as Table 1.

people, because of physical impairments or weakness, often find it difficult to escape from a burning building, and because of decreased agility they are particularly vulnerable to the hazard of having their clothing ignited by an open fire or other flame. Pointing up the death toll at the younger ages, the National Fire Protection Association reports that in 1959 about 3,300 children under age 14 lost their lives in fires and explosions of all kinds in the United States, and estimates that nearly one third of them died because they were left alone or in the care of a baby sitter unable to cope with the situation.

It is also apparent from the table that the death rate for males is higher than that for females at every age period except 1-14 years, where the rate is somewhat greater for the girls.

Information on the circumstances under which fatal fires and burns by other means occur in the home is available from the death claim records of Metropolitan Life Insurance Company policyholders who were killed by such accidents in recent years. About 30 percent of the accidental deaths from fires and other burns were reported as due to conflagrations whose origin was undetermined or not stated. Smoking was reported to be a contributing factor in more than 13 percent of the deaths in this insurance study; the victims were mostly people who dozed off while smoking in bed or in an upholstered chair. Practically the same proportion of fatalities were attributed to clothing being ignited while the person was working at a stove, or standing or walking near an open fire. In addition, a significant proportion of the deaths were due to the explosion of heating, hot water, or cooking equipment; to the misuse of flammable liquids, particularly gasoline and kerosene; and to scalding by hot fluids.

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Company's Exhibit at A.M.A. Clinical Meeting

Physicians attending the Clinical Meeting of the American Medical Association in Washington, D. C., November 28-December 1, are cordially invited to visit the Metropolitan Life Insurance Company exhibit,

OVERWEIGHT: ITS SIGNIFICANCE AND PREVENTION

(Scientific Exhibit, Space 621)

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company

September 1960

Cause of Death	Annual Rate per 100,000 Policyholders*				
	September		Year to Date		
	1960†	1959†	1960†	1959†	1958
All Causes	618.9	618.2	687.8	673.4	673.2
Tuberculosis (all forms)	5.2	6.0	5.8	5.8	7.2
Communicable diseases of childhood	—	0.1	0.1	0.1	0.2
Acute poliomyelitis	0.3	0.6	0.1	0.1	0.1
Malignant neoplasms	134.4	135.3	143.7	142.8	140.4
Digestive system	46.8	43.7	48.3	48.7	46.9
Respiratory system	21.3	21.1	21.8	21.5	19.9
Diabetes mellitus	14.3	12.0	15.7	15.1	15.7
Diseases of the cardiovascular-renal system	324.7	320.9	367.5	360.0	357.3
Vascular lesions, central nervous system	61.5	63.9	68.9	68.6	67.2
Diseases of heart	236.6	233.2	271.4	264.9	264.7
Chronic rheumatic heart disease	9.5	10.1	11.2	10.9	11.6
Arteriosclerotic and degenerative heart disease	193.6	185.7	217.7	210.2	209.7
Diseases of coronary arteries	112.9	115.7	127.8	125.6	119.7
Hypertension with heart disease	23.3	26.5	30.0	31.4	32.5
Other diseases of heart	10.3	11.0	12.4	12.4	11.0
Nephritis and nephrosis	6.9	6.6	7.0	7.4	7.4
Pneumonia and influenza	12.6	14.1	23.5	19.2	22.1
Complications of pregnancy, childbirth	0.8	1.3	0.7	0.7	0.9
Suicide	5.7	5.0	6.3	6.6	6.1
Homicide	3.6	2.8	2.9	2.8	2.8
Accidents—total	37.7	34.7	33.1	33.7	34.4
Motor vehicle	14.9	14.6	13.7	14.3	14.6
All other causes	79.6	85.4	88.4	86.5	86.0

*These death rates relate to persons insured under Weekly or Monthly premium-paying Industrial policies and Monthly premium-paying Ordinary policies for small amounts of insurance.

†Beginning with January 1959, deaths have been classified according to the Seventh Revision of the International List of Causes of Death. Consequently, the death rates for individual causes in 1959 and 1960 are not strictly comparable with those for earlier periods. Rates for 1960 are provisional.

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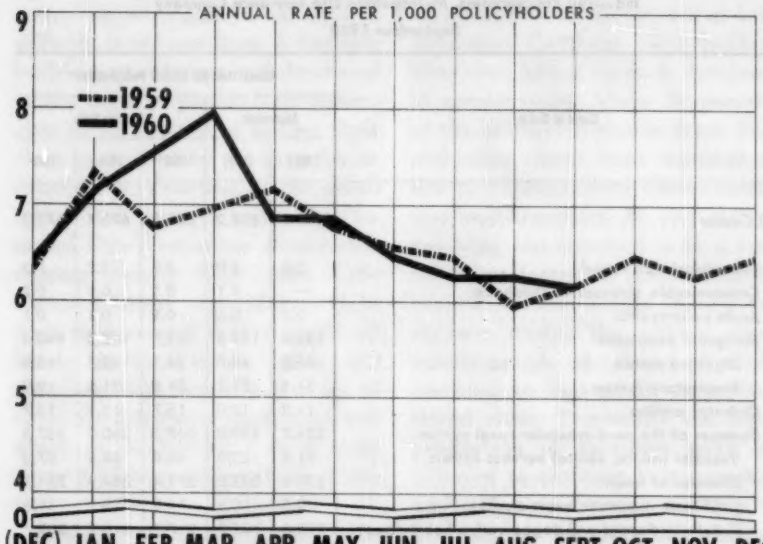
MORTALITY FROM ALL CAUSES

INDUSTRIAL POLICYHOLDERS · METROPOLITAN LIFE INSURANCE COMPANY



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